

CCD Registration - Our Lady of Hope Parish

Church Registered Last Year

First Name Initial Last Name Age

Date of Birth Grade: Date

Address Telephone

City State Zip

Email Address

School

Special Needs

Allergies Medications needed during class

Sacraments Received

Baptism Reconciliation Eucharist Confirmation

City / State of Birth

Baptism Church Date

ADDRESS

City State ZIP

Mother's Maiden Name Home Tel. No.

Work Tel. No.

Cell No.

Father's Name Home Tel. No.

Work Tel. No.

Cell No

Father's address if different from above:

Emergency Contact

Telephone No. ALT No

Status Married = M, Widowed = W, Divorced = D, Separated = SP, Single = S

Paid Registered in Parish

Parent Address Title

(Ex: Mr. & Mrs. John E. Smith (This is used for mailing Address))